CITY OF CLAYTON



837 Highway 76 West, Suite 101 Clayton, Georgia 30525 Phone: 706-782-4512 Fax: 706-782-4596

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of (name of public employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

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Federal Work Authorization	on User Identifi	ication Number	
Date of Authorization			
Name of Contractor		·	
Name of Project			ŀ
Name of Public Employer			
I hereby declare under pen	alty of perjury	that the foregoing is true a	nd correct.
Executed on,,	201 in	_(city),(state).	
Signature of Authorized O	fficer or Agent		
Printed Name and Title of	Authorized Of	ficer or Agent	
SUBSCRIBED AND SWO			
NOTARY PUBLIC			
My Commission Expires:			

